

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
Fax (605)773-4550

## APPLICATION FOR REINSTATEMENT

1. The name of the corporation is \_\_\_\_\_
2. The date of its administrative dissolution \_\_\_\_\_
3. State that the ground or grounds for dissolution either did not exist, or have been eliminated by filing all required reports and paying all fees and penalties \_\_\_\_\_

4. The corporation's name satisfies the requirements of chapter 47-2.

5. **Attached hereto is a certificate from the Department of Revenue reciting that any taxes owed by the corporation have been paid.**

Application may be signed by the chairman of the board of directors, the president or any other officer.

Dated \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_ who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
(Notary Public)

Notarial Seal

**FILING FEE: Based on authorized capital stock**

**Submit one original and one exact or conformed copy for filing with the certificate from the Department of Revenue and all delinquent annual reports, filing fees and penalties.**

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